Case 17-17254-jkf Doc 21 Filed 04/10/18 Entered 04/10/18 16:49:53 Desc Main Page 1 of 15 Document Fill in this information to identify your case: Debtor 1 John Allen, Jr. Middle Name First Name Last Name Debtor 2 **Trina** Allen (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA 17-17254 Case number ∇ Check if this is an (if known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. M List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. **Total claim Priority Nonpriority** amount amount 2.1 \$2,559.53 \$2,507.75 \$51.78 Internal Revenue Service Last 4 digits of account number N A Priority Creditor's Name PO Box 7346 When was the debt incurred? 2016 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Philadelphia PA 19101-7346 Disputed City State ZIP Code Check one. Who incurred the debt? Type of PRIORITY unsecured claim: Debtor 1 only Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the government

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

No Yes

At least one of the debtors and another

Check if this claim is for a community debt

intoxicated

Other. Specify

Claims for death or personal injury while you were

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Debtor 1 John J. Allen, Jr. Debtor 2 Trina L. Allen Case number (if known) 17-17254 Part 1: Your PRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim Priority Nonpriority** previous page. amount amount 2.2 \$2,310.00 \$2,310.00 \$0.00 Timothy E. Wilfong, Esquire Last 4 digits of account number Priority Creditor's Name Law Office of Timothy E Wilfong LLC When was the debt incurred? 10/05/2017 Number Street 20 South Main Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 19460 Phoenixville PA Disputed П City State ZIP Code Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Domestic support obligations Debtor 2 only Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only Claims for death or personal injury while you were At least one of the debtors and another intoxicated

Attorney fees for this case

Other. Specify

Check if this claim is for a community debt

Is the claim subject to offset?

No Yes

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Debtor 1 and Debtor 2 only

Is the claim subject to offset?

✓ No✓ YesCabelas

At least one of the debtors and another

☐ Check if this claim is for a community debt

that you did not report as priority claims

Other. Specify

Credit Card

Debts to pension or profit-sharing plans, and other similar debts

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> Contingent Unliquidated Disputed

☐ Student loans

Other. Specify

**Charge Card** 

As of the date you file, the claim is: Check all that apply.

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☑ No
☐ Yes

Po Box 15298

Wilmington

Debtor 1 only

Debtor 2 only

Who incurred the debt?

DF

State

Check one.

19850-5298

ZIP Code

Number

Citv

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OH 43218-3043 ZIP Code State Type of NONPRIORITY unsecured claim: Check one. Who incurred the debt?

☐ Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

Unsecured

Yes **Boscovs** 

**☑** No

□ Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

Citv

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Unliquidated Disputed **New Albany** OH 43054-3025 ZIP Code Citv State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans □ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Unsecured Is the claim subject to offset?

No Yes Filed 04/10/18 Entered 04/10/18 16:49:53

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that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

4.10 Phoenixville Hospital Last 4 digits of account number <u>2</u> <u>1</u> <u>8</u> <u>7</u> Nonpriority Creditor's Name 8/2016 When was the debt incurred? 140 Nutt Road As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Phoenixville** PA 19460-3900 State ZIP Code Citv Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Medical Is the claim subject to offset?

Other. Specify

**Charger Card** 

Debtor 2 only

**№** No ☐ Yes **Kohls** 

> No Yes

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

\$1,161.09

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PO Box 965060 Orlando FL 32896-5060 State ZIP Code Citv Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans □ Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Unsecured

Is the claim subject to offset?

**☑** No Yes **JCP** 

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Is the claim subject to offset?

Mo No Yes
Target

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## Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Bank Of America			On which entry in Part 1 or Part 2 did you list the original creditor?			
Name			Line <b>4.1</b> of <i>(Check one):</i> $\square$ Part 1: Creditors with Priority Unsecured Claims			
PO Box 982234 Number Street						
			Part 2: Creditors with Nonpriority Unsecured Claims —			
			Last 4 digits of account number			
El Paso	TX	79998-2234				
City	State	ZIP Code				
Cabela's Club Visa			On which entry in Part 1 or Part 2 did you list the original creditor?			
Name			Line <b>4.2</b> of <i>(Check one):</i> $\square$ Part 1: Creditors with Priority Unsecured Claims			
PO Box 82519 Number Street			<b>_</b>			
			Part 2: Creditors with Nonpriority Unsecured Claims —			
			— Last 4 digits of account number			
Lincoln City	NE State	68501-2519 ZIP Code	_			
City	State	ZIF Code				
Capital One Bank (L	JSA), N.A.		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name <b>PO Box 71083</b>			Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims			
Number Street			<b>_</b>			
			Part 2: Creditors with Nonpriority Unsecured Claims			
<u> </u>			— Last 4 digits of account number			
Charlotte City	NC State	28272-1083 ZIP Code	_			
City	State	ZIF Code				
Capital One Bank (L	JSA), N.A.		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name PO Box 71083			Line <b>4.5</b> of <i>(Check one):</i> $\square$ Part 1: Creditors with Priority Unsecured Claims			
Number Street						
			Part 2: Creditors with Nonpriority Unsecured Claims —			
			— Last 4 digits of account number			
Charlotte	NC State	28272-1083	_			
City	State	ZIP Code				
Capital One Bank (L	JSA), N.A.		On which entry in Part 1 or Part 2 did you list the original creditor?			
Name PO Box 71083			Line <b>4.2</b> of <i>(Check one):</i> $\square$ Part 1: Creditors with Priority Unsecured Claims			
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims			
			<del>-</del>			
Charlotte	NC	28272-1083	— Last 4 digits of account number			
City	State	ZIP Code	_			

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Part 3: List Others	s to B	e Notified Abou	ut a Debt That You Already	/ Lis	sted Continuation Page
Capital One, N.A.			On which entry in Part 1 or P	art 2	2 did you list the original creditor?
Name C o Becket and Lee LLP Number Street POB 3001			Line <b>4.9</b> of <i>(Check one):</i>		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
<b>Malvern</b> City	PA State	<b>19355-0701</b> ZIP Code	<ul><li>Last 4 digits of account num</li></ul>	ber	
Capital One, N.A.			On which entry in Part 1 or P	art 2	2 did you list the original creditor?
Name C o Becket and Lee LLP Number Street POB 3001			Line 4.5 of (Check one):	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
<b>Malvern</b> Dity	PA State	<b>19355-0701</b> ZIP Code	<ul><li>Last 4 digits of account num</li></ul>	ber	
Capital One, N.A.			On which entry in Part 1 or P	art 2	2 did you list the original creditor?
C o Becket and Lee LLP Number Street POB 3001			Lineof (Check one): 	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
<b>Malvern</b> Dity	PA State	<b>19355-0701</b> ZIP Code	<ul><li>Last 4 digits of account num</li></ul>	ber	
Citibank Usa			On which entry in Part 1 or P	art 2	2 did you list the original creditor?
Name PO Box 6500 Number Street			Lineof (Check one): 	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Sioux Falls City	SD State	<b>57117-6500</b> ZIP Code	<ul><li>Last 4 digits of account num</li></ul>	ber	
Comenity Bank			On which entry in Part 1 or P	art 2	2 did you list the original creditor?
Name Bankruptcy Department Number Street PO Box 182125			Lineof (Check one):	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Columbus City	OH State	<b>43218-2125</b> ZIP Code	<ul><li>Last 4 digits of account num</li></ul>	ber	
Comenity Bank			On which entry in Part 1 or P	art 2	2 did you list the original creditor?
Name Bankruptcy Department Number Street PO Box 182125			Lineof (Check one):	_	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Columbus	ОН	43218-2125	Last 4 digits of account num	ber	
City	State	ZIP Code	<del>_</del>		

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Debtor 2 Trina L. Allen

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Part 3: List Oti	ners to B	e Notified Abo	ut a Debt That You	u Aiready	LIS	ted Continuation Page
Discover Bank Name			On which entry in	Part 1 or Pa	art 2	did you list the original creditor?
Discover Products Ir	nc		Line <b>4.8</b> of (C	check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street						Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 3025			_			
			<ul> <li>Last 4 digits of accent</li> </ul>	count numb	er	
New Albany	OH	43054-3025	<u>—</u>			
City	State	ZIP Code				
Internal Revenue Se	rvice		On which entry in	Part 1 or Pa	art 2	did you list the original creditor?
Name	ov Operat	ion	 line <b>2.1</b> of (C	heck one):		Part 1: Creditors with Priority Unsecured Claims
Centralized Insolven Number Street	cy Operat	1011	Line or (C	nieck one).	_	
Po Box 7317			<u> </u>		Ш	Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of acc	count numb	er	
Philadelphia	PA	19101	Last 4 digits of ast	oount numb	· · ·	<del></del>
City	State	ZIP Code	<del>_</del>			
JPMorgan Chase Ba	nk, Nation	nal Assoc.	On which entry in	Part 1 or Pa	art 2	did you list the original creditor?
Name Mail Code LA4-5555			— Line <b>4.3</b> of <i>(C</i>	Check one):	$\overline{}$	Part 1: Creditors with Priority Unsecured Claims
Number Street				,	_	Part 2: Creditors with Nonpriority Unsecured Claims
700 Kansas Lane			<u>—</u>		V	r art 2. Orealters with Horipholity Offsecured Glaims
			— Last 4 digits of acc	count numb	er	
Monroe	LA	71203	_			
City	State	ZIP Code				
Phoenixville Hospita	ıl		On which entry in	Part 1 or Pa	art 2	did you list the original creditor?
Name <b>PO Box 504060</b>			line <b>4.10</b> of (C	Sheck one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street			<u> </u>	,.		
			<u> </u>		V	Part 2: Creditors with Nonpriority Unsecured Claims
011 - 1-		00450 4000	<ul> <li>Last 4 digits of accent</li> </ul>	count numb	er	
St Louis City	MO State	<b>63150-4060</b> ZIP Code	<u> </u>			
,						
Synchrony Bank			On which entry in	Part 1 or Pa	art 2	did you list the original creditor?
Name c/o PRA Receivables	s Managei	ment. LLC	Line <b>4.12</b> of (C	heck one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street	- · · · · ·	,			_	Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 41021			_		N.	. a <u>_</u>
			- Last 4 digits of acc	count numb	er	
Norfolk City	VA State	<b>23541</b> ZIP Code				
City	State	ZIF Code				
TD BANK USA, N.A.			On which entry in	Part 1 or Pa	art 2	did you list the original creditor?
Name C O WEINSTEIN, PINSON, AND RILEY, PS			Line <b>4.13</b> of (C	check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number Street				,	_	Part 2: Creditors with Nonpriority Unsecured Claims
2001 WESTERN AVE	NUE, STE	: 400			Z.	January Charles of Charles
			— Last 4 digits of acc	count numb	er	
SEATTLE City	WA State	<b>98121</b> ZIP Code	<u> </u>			
,		<del>-</del>				

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Debtor 1 John J. Allen, Jr. Debtor 2 Trina L. Allen Case number (if known) 17-17254 Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page On which entry in Part 1 or Part 2 did you list the original creditor? **Td Banknorth** Name PO Box 84037 Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number

31908-4037

ZIP Code

GA

State

Columbus

City

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## Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			7	otal claim
Total claims from Part 1	6a.	Domestic support obligations	6a	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b	\$2,559.53
	6c.	Claims for death or personal injury while you were intoxicated	6c	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	<sup>6d.</sup> + _	\$2,310.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$4,869.53
			7	Total claim
Total claims from Part 2	6f.	Student loans	6f	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<sup>6i.</sup> +_	\$102,566.74
	6j.	Total. Add lines 6f through 6i.	6j	\$102,566.74

Fill in this information to identify your case:				
Debtor 1	John First Name	<b>J.</b> Middle Name	Allen, Jr. Last Name	
Debtor 2 (Spouse, if filing)	<b>Trina</b> First Name	L. Middle Name	Allen Last Name	
United States Bankruptcy Court for the: <b>EASTERN DIST. OF PENNSYLVANIA</b>				
Case number (if known)	17-17254			

Check if this is an amended filing

## Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone w	no is NOT an attorney to help you fill out bankruptcy forms?
<b>☑</b> No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
	have read the summary and schedules filed with this declaration and that they are
true and correct.	
X /s/ John J. Allen, Jr. John J. Allen, Jr., Debtor 1	X /s/ Trina L. Allen Trina L. Allen, Debtor 2
Date <u>04/09/2018</u> MM / DD / YYYY	Date <u>04/09/2018</u> MM / DD / YYYY